SONS OF THE AMERICAN LEGION

Consolidated Squadron Report

The Consolidated Squadron Report (CSR) is perhaps the most critical document a squadron can complete. CSR information is combined with other squadrons in creating a final report used by The American Legion, forwarded to the U.S. Congress, and used to apply and verify awards at National Convention.

Not all squadrons participate in every program; leave those fields blank. The key is to report on the activities your squadron participated in from **June 1st to May 31st**.

All detachment/district/squadron donations and activities should be reported individually to your detachment adjutant. The CSR will require inputs, such as the number of veteran homes visited or volunteer hours contributed to a particular program. Other programs, such as The American Legion National Emergency Fund (NEF), enter the number of dollars donated or spent in whole numbers.

It is preferred CSR's are filled out and submitted online via myLegion.org. Squadron Adjutants and Commanders have access to complete and submit the entire form. CSR's can also be found by searching "Consolidated Squadron Report" in the search bar at legion.org.

For paper submissions, please print and complete by hand. Make sure it is legible and mail to the Detachment and retain a copy for the squadron's records. Check with your detachment for their deadline date; it may be different than the national deadline.

Detachments and districts should forward a copy by scanning and emailing their CSRs to CPRandCSRforms@legion.org or by mail to the address below.

Detachment Reminder: July 1 is the final date for transmittal to National Headquarters for squadron reports to be included the national tabulation for awards at National Convention.

MAIL: **THE AMERICAN LEGION**
ATTN: IT/MEMBER SUPPORT SERVICES
P.O. BOX 1954
INDIANAPOLIS, IN 46206

SCAN & EMAIL: **CPRandCSRforms@legion.org**

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SONS OF THE AMERICAN LEGION | CONSOLIDATED SQUADRON REPORT

JUNE 1, to MAY 31,

Please check **one** box indicating the reporting entity level: ☐ Detachment ☐ District ☐ Squadron

1 _____ Detachment (State) **2** _____ District

3 _____ Squadron Number **4** _____ Squadron Name

5 _____ Paid-to-Date Membership Count, Current Year **6** _____ Paid-Up Final Membership Count, Prior Year

7 _____ City/Town **8** _____ Zip Code

If the reporting entity is a District (or Detachment) the entity agrees that their report of dollars and hours ONLY INCLUDES those approved and expended by Officers and Members of that entity, and ARE NOT cumulative of the Squadrons (or Squadrons and Districts) that they represent.

Please type or print all information clearly. For the program details below only mark lines for which you are reporting data (leave '0' values blank).

AMERICANISM

1 _____ Donations, **Boys State / Girls State**
2 _____ No. of Hours, **Boys State / Girls State**
3 _____ Donations, **5-Star / 10-Ideals Education**
4 _____ No. of Hours, **5-Star / 10-Ideals Education**
5 _____ Donations, **Flags Presented** (All Sizes/Events)
6 _____ No. of Hours, **Flags Presented** (All Sizes/Events)
7 _____ N/A
8 _____ No. of **Flags Presented** (All Sizes/Events)
9 _____ Donations, **Flag Education Programs**
10 _____ No. of Hours, **Flag Education Programs**
11 _____ Donations, **Scholarships Awarded**
12 _____ No. of Hours, **Other Educational Programs**
13 _____ Donations, **Oratorical Contest**
14 _____ No. of Hours, **Oratorical Contest**
15 _____ Donations, **Color Guard**
16 _____ No. of Hours, **Color Guard**
17 _____ Donations, **Other Organizations**
18 _____ No. of Hours, **Community Service**
19 _____ Donations, **Scouting**
20 _____ No. of Hours, **Scouting**
21 _____ Donations, **Junior Shooting Sports**
22 _____ No. of Hours, **Junior Shooting Sports**
23 _____ Donations, **American Legion Baseball**
24 _____ No. of Hours, **American Legion Baseball**
25 _____ Donations, **Other Teams Sponsored**
26 _____ No. of Hours, **Other Teams Sponsored**
27 _____ Donations, **Blood Drives**
28 _____ No. of Hours, **Blood Drives**
29 _____ Donations, **National Emergency Fund**
30 _____ No. of Hours, **National Emergency Fund**
31 _____ Donations, **Legacy Scholarship Fund**
32 _____ No. of Hours, **Legacy Scholarship Fund**
33 _____ Donations, **Other Americanism Projects**
34 _____ No. of Hours, **Other Americanism Projects**

CHILDREN & YOUTH

1 _____ Donations, **Child Welfare Foundation**
2 _____ No. of Hours, **Child Welfare Foundation**
3 _____ Donations, **Special Olympics**
4 _____ No. of Hours, **Special Olympics**
5 _____ Donations, **Children's Miracle Network**
6 _____ No. of Hours, **Children's Miracle Network**
7 _____ Donations, **Ronald McDonald House**
8 _____ No. of Hours, **Ronald McDonald House**
9 _____ Donations, **Children's Organ Trans. Assn.**
10 _____ No. of Hours, **Children's Organ Trans. Assn.**
11 _____ Donations, **T.A.L. Vets. and Child. Found.**
12 _____ No. of Hours, **T.A.L. Vets. and Child. Found.**
13 _____ Donations, **Other C&Y Projects**
14 _____ No. of Hours, **Other C&Y Projects**

VETERANS AFFAIRS & REHABILITATION

1 _____ Donations, **V.A. Medical Ctrs. & Facilities**
2 _____ No. of Hours, **V.A. Medical Ctrs. & Facilities**
3 _____ Donations, **State Veterans Facilities**
4 _____ No. of Hours, **State Veterans Facilities**
5 _____ Donations, **Nat'l Veterans Assist. Day**
6 _____ No. of Hours, **Nat'l Veterans Assist. Day**
7 _____ Donations, **Operation Comfort Warriors**
8 _____ No. of Hours, **Operation Comfort Warriors**
9 _____ Donations, **Fisher House**
10 _____ No. of Hours, **Fisher House**
11 _____ Donations, **Other VA&R Projects**
12 _____ No. of Hours, **Other VA&R Projects**
13 _____ Donations, **Homeless Veterans**
14 _____ No. of Hours, **Homeless Veterans**
15 _____ Donations, **Troop & Family Support**
16 _____ No. of Hours, **Troop & Family Support**

VETERANS EMPLOYMENT & EDUCATION

1 _____ Donations, **VE&E Projects**
2 _____ No. of Hours, **VE&E Projects**
3 _____ Donations, **Homeless Veterans**
4 _____ No. of Hours, **Homeless Veterans**

INTERNAL AFFAIRS

1 _____ Other Donations, **Not Covered Above**
2 _____ Other Hours, **Not Covered Above**

Signature _____ Title _____ Date _____